

VSH Futures Advisory Committee
Minutes June 1, 2005
Draft June 8, 2005

Committee Members Present (13)

Charlie Biss VDH, Paul Dupre VT Council, David Fassler VT MH & SA Professionals, Anne Jerman VSH, Ken Libertoff VAMH, John Malloy VSH, Jack McCullough MH Law Project, Bill Newhall VPS, Jill Olson VAHHS, Ed Paquin VT P&A, Jeff Rothenberg, VT Council, Sister Janice Ryan DOC, Joellen Swaine VSH.

Guests (not a complete list) (8)

Todd Centybear HCHS, Linda Corey VPS, Nick Emlen VT Council, Michael Hartman WCMHS, Pat Jones BISHCA, Bob Pierattini FAHC, Julie Tessler VT Council, Larry Thomson VSH

VDH Staff (6)

Wendy Beininger, Paul Blake, John Howland, Commissioner Paul Jarris, Terry Rowe, Beth Tanzman

Next Meeting : July 27, 2:00 – 4:00 Skylight Conference Room, Waterbury

Overview

Commissioner Jarris opened the meeting by stating the importance of reconnecting the Futures Advisory group work process and emphasizing the importance of stakeholder involvement to VDH. This is exemplified in the MH Chapter of the State Health Plan and in the importance of self-management and consumer involvement in the Blue Print Chronic Care Initiative. Commissioner Jarris announced the good news that Vermont will receive funding for the Co-Occurring State Infrastructure Grant. This five year, 4.2 million \$ initiative will allow us to provide intensive training on integrated treatment and will facilitate the Divisions of ADAP and MH to restructure at the state level to support integrated treatment. Dr. Jarris also extended deep appreciation to Charlie Biss, who has agreed to serve as Vermont's "Dynamic Leader" for the MH Transformation grant application. Commissioner Jarris stated that he has asked Paul Blake to lead this group.

Paul Blake briefly reviewed the history and tradition of Vermont's MH system. We have built strong programs that are well regarded nationally, valued by Vermonters and we've done this by listening to and using all stakeholders. He reviewed the work of this group, twice monthly meetings since April 04 and two full day retreats. Paul stated that valuable time with this group and on the Futures process was lost since the February 2nd meeting of this group with Secretary Charlie Smith as the VDH staff coped with the second decertification of VSH, changes in leadership and all that these entailed.

Paul stated the goals for today's meeting:

1. To reconnect with the Advisory Committee
2. To decide how to carry on our work from here
3. To find out the committee's level of support for the development of community programs in planning.

Discussion

Highlights of the discussion follow. David Fassler noted that the work of the group was impressive, suggested we should return to where we left off February 4th, objected to the use of smaller working groups, and questioned whether budget neutrality was still a planning parameter. Bill Newhall emphasized that not enough discussion about what happens in programs or how people will be supported and healed has taken place. Jack McCullough questioned the commitment of VDH to taking input from advocates. Ken Liberto suggested that we test our agreement and identify our areas of disagreement.

Paul Dupre offered that it was time to "re-set" the work of this committee, said that consumer and family input should come from a much broader community and that smaller working sub-committees were needed. Additionally, he suggested that we agree on the general direction "that people get the bulk of their services in the community, that acute (hospital) care is needed and finally that we have more time to figure out the role of hospital care". Jill Olson stated that smaller groups working on specific areas would be very helpful to the process. Ken Liberto offered that there are 4 components to this project: 1) VSH and the need to enhance the current hospital 2) the design of the new inpatient service(s) 3) the sub acute rehabilitation program, and 4) peer-run services, community based housing. Ken said that it makes sense for small work groups to generate more refined plans in these areas and to report back to the larger committee for updates, information, and modification. He also stated that the group needs to understand what the realistic financial parameters are.

Beth Tanzman offered that VDH proposes to create work groups focusing on 1) the sub acute rehabilitation and secure residential programs, 2) the care management system, and 3) the new inpatient program design.

Public Comment

Ed Paquin concurred that the current facility at VSH should close. He stated that among the consumers who use P&A services there is tremendous support for VSH, for the level of acceptance, support, and respect that consumers experience at VSH. Ed emphasized the importance of really listening to consumers who use VSH about what it is they need and want. Linda Corey offered that the planning seems to be "top down" that we haven't looked enough at the people who use VSH and what they want, and that VPS is very concerned about people being discharged from VSH to other hospitals.

David Fassler reframed his earlier statements indicating that he is not opposed to small groups doing work, simply that the relationship of these groups to the larger committee must be clear, that these meetings should be open to the public, and that VDH needs to

re-establish its commitment to including consumers and family members in the work. Finally, he offered that the VSH Futures Advisory Committee should focus on its statutory tasks; namely, to make recommendations to the AHS Secretary on how to expand or replace VSH. He said that the Futures committee is not the group to oversee the MH system. Bill Newhall stated that Secretary Smith's recommendation for more resources for legal representation was not adequate and he cited a recent example of inadequate access to legal services.

A Renewed System of Care: Sub Acute, Secure Residential and Care Management for Vermonters by 2006 Presentation by Michael Hartman, Nick Emlen, and Jeff Rothenberg.

The presenters described the underlying planning values as based on Recovery, strengths-based and that values the collaboration between consumers, support/family networks, and providers. The plan involves the integration of the CRT programs, the Designated Hospitals, and the Division of Mental Health, VDH. It works towards the premise that a consumer can reasonably expect to get the same type or level of care across different systems. Some issues emerging in the planning process include how to work within existing statutes and accomplish the systems' goals of recovery and redeployment of inpatient to community resources. In addition, funding issues are critical because the CRT system as currently resourced cannot absorb new programs without additional funds. In addition, the CRT directors feel that it is critical to develop a method for managing the systems resources (care management) in conjunction with developing new community alternatives to VSH and to make better use of existing inpatient resources. The CRT programs and the Designated Agencies in general have a strong track record of serving citizens with mental illness and managing to the system's resources efficiently.

Next details of the planned program characteristics for the sub-acute rehabilitation program, the secure residential treatment program and the clinical care management system were presented. Please refer to the enclosed power point presentation and the Renewed System of Care word document.

The presentation continued stating that the following community program capacities proposed in the February 4th VSH Futures plan (sub-acute rehab, secure residential, care management, and crisis stabilization) are sound and that the planning and development of these should continue so that these resources can be brought on line. The concluding section overviewed how a broad cross section of stakeholders will be included in the ongoing work. The plan presented here has been presented to and reviewed by the CRT local program standing committees. In addition, the council is convening a state-wide meeting of all the local adult mental health program standing committees (and the state committee) on June 10th to review the plans and provide input and suggested modifications. The Council/ VDH implementing work groups will be open meetings and will be noticed accordingly. The Council and the Vermont Association of Hospitals and Health Care Systems (VAHHS) are working together to secure stakeholder input into the second meeting about the clinical care management system. Finally, the presenters asked

for the suggestions and support of the VSH Futures Advisory Committee in order to continue the development work reported on.

Discussion

David Fassler stated that he is not sure that the VSH Futures Advisory Committee needs to be involved in “this level of detail” about the proposed program plans. Other participants stated that the information offered an appropriate level of detail. David then offered that he actually had too many detailed questions to be addressed in a meeting. Ken Liberto stated that it is useful to have this information on the table and that “this [program development] feels like the right drift”, so he broadly supports the work. Ken did question whether there is planning for adequate legal protections in these programs. Michael Hartman responded that for now, the design teams are working within the existing statutory parameters.

The presenters clarified that they are looking for the support of the VSH Futures Advisory Committee to continue the program development for sub-acute rehabilitation, secure residential and a care management system. David stated that he could not support this currently because not enough detail has been provided. Jeff Rothenberg stated that as a committee member, he supports the development of these programs. Charlie Biss offered that when Vermont began the Regionalization project which brought the VSH census from 250 down to 80, we did it incrementally, by going ward to ward and developing new community resources to meet the needs. We have in the Futures Plan a list of components that people think will help serve the VSH population in community settings. Charlie suggested that the difference of opinion among VSH Advisory Group Members may be more about what we expect from a plan. John Malloy stated that the physical plant at VSH is not adequate, and even though we are talking about good community programs, we don’t want to lose sight of the day-to-day operations at VSH.

Paul Blake called the question, “Does the VSH Futures Advisory Committee support the development of the sub-acute rehab, the secure residential, and the care management programs, and the general direction that the council work groups are taking to implement these programs?”

12 committee members voted in favor; 1 voted against.

Discussion and Public Comment

Ed Paquin noted that “good thoughts” were presented, that we need to develop alternative capacities in order to replace the VSH. Also, he noted that we cannot take money out of the current institution in order to fund these alternatives; this is not a bed to bed replacement project.

Committee members indicated wide assent to the proposition that the alternative capacities cannot be funded from current VSH budget. Ed concluded by saying that we should “pour the values of recovery and inclusion over all these plans”. Jill Olson supported the proposal of working groups stating that the Advisory Committee cannot be the detailed group. Rather, the advisory committee should insure that the work groups

are “directionally correct” and that the “right people” are at the table of the work groups. Ken Liberto stated that he still wants to do an exercise to identify what the Advisory Committee agrees to and that it is critical to establish a meeting schedule.

Paul Blake thanked participants, collected the preference sheet for future meeting dates, and thanked the group. Beth Tanzman stated that she will get re-formatted planning documents to the group and will seek their input on how to improve these.

Handouts Distributed:

1. A Renewed System of Care: Sub-Acute, Secure Residential and Care Management for Vermonters by 2006. June 1, 2005 Vermont Council of Developmental and Mental Health Services and CRT Programs. Power point presentation
2. A Renewed System of Care: Sub-Acute, Secure Residential and Care Management for Vermonters by 2006: Final Proposal. May 15, 2005. Vermont Council of Developmental and Mental Health Services and CRT Programs.
3. Vermont Futures Strategic Implementation Plan: Sustaining and Enhancing a Comprehensive Continuum of Care. May 11th 2005 for MH Legislative Oversight Committee, DMH/VDH.
4. “Authority and Scope”: The Executive Summary of the VSH Futures Plan. February 4th, 2005. DMH/VDH
5. Statement of Principles Regarding Psychiatric Care. November 7th, 2003. David Fassler.